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|  |  |   |                                       |                               |              |                  |        | Application or Docket Number |          |                        |         |                            |                        |
|--|--|---|---------------------------------------|-------------------------------|--------------|------------------|--------|------------------------------|----------|------------------------|---------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000                                |  |   |                                       |                               |              |                  |        |                              |          |                        |         |                            |                        |
|  |  |   |                                       |                               |              |                  |        | SEL 240                      |          |                        |         |                            |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                               |              |                  |        | SMALL ENTITY TYPE            |          |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLÀIMS   |  |   | 65                                    |                               | 1 - 6. 4     |                  | ſ      | RATI                         | E ]      | FEE                    | ]       | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                               | NUMBER EXTRA |                  |        | BASIC I                      | FEE      | 355.00                 | OR      | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 66 minus 20=                          |                               | . 46         |                  |        | X\$ 9=                       |          |                        | OR      | X\$18=                     | 828-                   |
| INDEPENDENT CLAIMS   |  |   | 5 minus 3 =                           |                               | 2 '          |                  |        | X40=                         |          |                        | OR      | X80=                       | 160                    |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                                |                               |              | +13              |        |                              | =        |                        | OR      | +270=                      |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                               |              | olumn 2          | i      | TOTAL                        |          |                        | OR      | TOTAL                      | 1699                   |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                               |              |                  |        |                              |          |                        |         | OTHER                      |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                               |              |                  |        | SMAI                         | LL E     | ENTITY                 | OR      | SMALL                      |                        |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R      | RATI                         | Ε        | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | . 10                                      | Minus                                 | (d                            | 0            | = 4              |        | X\$ 9                        | =        |                        | OR      | X\$18=                     | 220                    |
| AME  | Independent                                    | . 19                                      | Minus                                 | ر                             | )            | = 4              |        | X40=                         | =        | -                      | OR      | X80=                       | 340                    |
| L  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF                           | 'ENDEN'                       | CLAIM        |                  |        | +135                         | _        |                        | OR      | +270=                      |                        |
|  |  |   |                                       |                               |              |                  | L      | TO1                          |          |                        | ΩD      | TOTAL,<br>ADDIT, FEE       | 108,00                 |
|  | (Column 1) (Column 2) (Column 3)               |   |                                       |                               |              |                  |        | ADDIT. F                     | CEI      |                        | •       | , FEE                      | -                      |
| MENT B   |  | CLAIMS<br>REMAINING                       |                                       | HIGH                          | EST          | PRESENT          |        |                              |          | ADDI-                  | 7       |                            | ADDI-                  |
|  |  | AFTER<br>AMENDMENT                        |                                       | PREVI<br>PAID                 | OUSLY        | EXTRA            |        | RATE                         |          | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
| NOW  | Total  | *   | Minus                                 | **                            |              | =                |        | X\$ 9:                       | =        |                        | OR      | X\$18=                     |                        |
| AMENDA   | Independent                                    | *   | Minus                                 | ***                           | r O. A       | =                |        | X40=                         |          |                        | OR      | X80=                       |                        |
| Ļ  | FIRST PRESE                                    | JLIIPLE DEF                               | 'ENDEN I                              | CLAIM                         | LAIM         |                  | +135   | _                            |          | OR                     | +270=   |                            |                        |
|  |  |   |                                       |                               |              |                  |        | TO1                          | ΓĀL      |                        |         | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                               |              |                  |        |                              | EE       |                        | ,       | ADDIT. FEE                 | <u></u>                |
|  |  | (Column 1)<br>CLAIMS                      |                                       | HIGH                          | IEST         | (Column 3)       | lг     |                              |          | ADDI-                  | 1       |                            | ADDI-                  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVIO<br>PAID         | OUSLY        | PRESENT<br>EXTRA |        | RATE                         |          | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
|  | Total  | *   | Minus                                 | **                            |              | =                |        | X\$ 9:                       | =        |                        | OR      | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                                 | ***                           |              | =                |        | X40=                         | <u> </u> |                        | OR      | X80=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |              |                  |        |                              | $\dashv$ |                        |         | .070                       |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.              |  |   |                                       |                               |              |                  |        |                              |          |                        | OR      | +270=                      |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |  |   |                                       |                               |              |                  |        |                              |          |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|  | The "Highest Num                               | ber Previously Pa                         | id For" (Total o                      | r Independ                    | lent) is the | highest numbe    | er fou | ınd in the                   | e app    | propriate bo           | x in co | lumn 1.                    |                        |